

In re Application of:

Docket No. 35.C10516 Cont. I

TAKEHIRO YOSHIDA

Application No.: 08/825,585

Examiner: G. Eng

Filed April 1, 1997

Group Art Unit: 2743

For: COMMUNICATION APPARATUS FOR
SELECTING A COMMUNICATION
PROTOCOL COMPATIBLE TO A
PARTNER STATION AND EXECUTING
THE SELECTED PROTOCOL

Date: October 28, 1998

THE ASSISTANT COMMISSIONER FOR PATENTS
Washington, D.C. 20231

Sir:

Transmitted herewith is an amendment in the above-identified application.

☐ No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 24	MINUS	** 20	= 4	x \$11 \$22	\$88.00
INDEP. CLAIMS	* 4	MINUS	*** 3	= 1	x \$41 \$82	\$82.00
Fee for Multiple Dependent claims \$135°/\$270						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						\$170.00

10/30/1998 SLUANG 00000055 08825585

01 FC:102 82.00 GP
02 FC:103 88.00 GP
03 FC:116 400.00 GP

- If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.
 ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
 *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

- ☐ °Verified Statement claiming small entity status is enclosed, if not filed previously.
- ☒ A check in the amount of \$170.00 is enclosed.
- ☐ Charge \$_____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
- ☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Assistant Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
- ☒ A check in the amount of \$400.00 to cover the fee for a two month extension is enclosed.
- ☐ A check in the amount of \$_____ to cover the Information Disclosure Statement fee is enclosed.
- ☒ Applicant's undersigned attorney may be reached in our New York office by telephone at (212) 218-2100. All correspondence should be directed to our new address given below.

Respectfully submitted,

Abigail Cousins
Attorney for Applicant

Registration No. 29,292

FITZPATRICK, CELLA, HARPER & SCINTO
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New York, New York 10112-3801
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